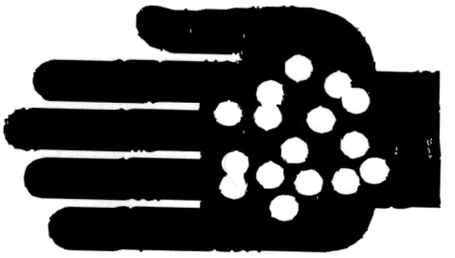


4. Skin Disorders

Significance:

Disorders of the skin are a very common, often overlooked entity in high school athletics. Indifference to, or the inability to recognize common skin lesions and their risk of transmission, can lead to a significant impact on high school athletic programs. Unchecked, a seemingly insignificant lesion can rapidly spread, and infect an entire athletic team or tournament participants. Thus, proper attention to recognition, quick referral, and restriction from participation when appropriate (i.e. skin-to-skin contact) of any athlete with an active lesion, along with keeping a clean, well ventilated athletic environment are the keys to reducing the incidence of skin infections.

Prevention:

- Educate athletes, coaches and parents about communicable skin conditions and how they are spread (See Table 1).
- Clean floor and wall mats daily with appropriate cleaner (10% bleach and water solution or commercial cleaner).
- Maintain proper ventilation to prevent build-up of heat and humidity.
- Clean all workout gear (including towels, clothes, headgear and shoes) after each practice.
- Shower with antibacterial soap after every workout.
- Perform weekly skin checks to ensure early recognition and optimal prevention of disease transmission.

Recognition:

- Given the variety of skin disorders and their appearance through the course of the infection, it is often difficult to distinguish an infectious from a benign condition.
- Any suspect skin lesion should be immediately referred to appropriate medical personnel.
- Pay particular attention to any unexposed body parts.

Management:

- Preventative practices and early identification and referral of athletes with suspect lesions are essential to the management and control of communicable skin conditions.
- Withhold any athlete with a suspect skin lesion until evaluated by appropriate medical personnel.
- Utilization of an appropriate form for medical clearance can assist in protecting all athletes from unnecessary exposure (See NFHS Medical Clearance Form for Skin Conditions - See page 46).
- Rule 4, Section #2, Article 3 of the National Federation of State High School Associations Wrestling Rule Book states:

"If a participant is suspected of having a communicable skin disease, or any other condition that makes participation appear inadvisable, his coach shall provide current written documentation from a physician (some states allow a nurse practitioner as well) stating that (1) the suspected disease or condition is not communicable and that (2) the athlete's participation would not be harmful to his opponent.

This document shall be furnished at the weigh-in or upon arrival at the site of the dual meet or tournament. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate. This concern also extends to participating officials."

Resources:

- NFHS Medical Clearance Form for Skin Conditions
- Recognition and Management of Common Skin Conditions (Table 1)
- Habif, T. Clinical Dermatology. 3rd Ed. Mosby-Year Book, Inc., St Louis. 1996. (Excellent resource for dermatological color photographs to assist in recognition).

Physician Release for Wrestler to Participate with Skin Lesion(s)

The National Federation of State High School Associations has developed the release form found on page 46 as a suggested model you may consider adopting for your state. The medical advisory committee to the NFHS conducted a survey among specialty, academic, public health, and primary care physicians and reviewed extensively the literature available on the communicability of various skin lesions at different stages of disease and treatment. No definitive data exists that allow us to absolutely predict when a lesion is no longer shedding organisms that could be transmitted to another. Another finding from the survey was the significant differences that exist among physicians relating to when they will permit a wrestler to return to participation after having a skin infection.

Neither the medical advisory committee nor the NFHS presumes to dictate to professionals how to practice medicine. Neither is the information on this form meant to establish a standard of care. The medical advisory committee does feel, however, that the guidelines included on the form represent a summary consensus of the various responses obtained from the survey, from conversations, and from the literature. The committee also feels that the components of the form are very relevant to addressing the concerns of coaches, parents, wrestlers, and physicians that lead to the research into this subject and to the development of this form.

Goals for Establishing a Widely Used Form:

1. Protect wrestlers from exposure to communicable skin disorders. Although most of the skin lesions being discussed generally have no major long-term consequences and are not life-threatening, some do have morbidity associated with them and student-athletes should be protected from contracting skin disorders from other wrestlers or contaminated equipment such as mats.
2. Allow wrestlers to participate as soon as it is reasonably safe for them and for their opponents and/or teammates using the same mat.
3. Establish guidelines to help minimize major differences in management among physicians who are signing "return to competition forms." Consistent use of these guidelines should protect wrestlers from catching a skin disease from participation and should protect them from inequalities as to who can or cannot participate.
4. Provide a basis to support physician decisions on when a wrestler can or can not participate. This should help the physician who may face incredible pressure from many fronts to return a youngster to competition ASAP. This can involve "Joe Brown who never wins a match" or the next state champion with a scholarship pending.

Important Components for an Effective Form:

1. Inclusion of the applicable NFHS wrestling rule so physicians will understand that covering a lesion is not an option that is allowed by the rule.
2. Inclusion of the date and nature of treatment and the earliest date a wrestler can return to participation. This should minimize the need for a family to incur the expense of additional office visits as occurs when a form must be signed within three days of wrestling as some do.
3. Inclusion of a "bodygram" with front and back views should clearly identify the lesion in question. Using non-black ink to designate skin lesions should result in less confusion or conflict.
4. Inclusion of guidelines for minimum treatment before returning the wrestler to action as discussed above. This should enhance the likelihood that all wrestlers are managed safely and fairly.
5. Inclusion of all of the components discussed has the potential to remove the referee from making a medical decision. If a lesion is questioned, the referee's role could appropriately be only to see if the coach can provide a fully completed medical release form allowing the wrestler to wrestle.

This form may be reproduced if desired and can be edited in anyway for use by various individuals or organizations. In addition, the medical advisory committee for the NFHS would welcome comments and suggestions for inclusion in future versions as this will continue to be a work in progress.

Sports Medicine Advisory Committee

NATIONAL FEDERATION OF HIGH SCHOOL ASSOCIATIONS

PHYSICIAN RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

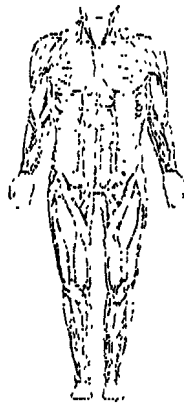
Name: _____ Date of Exam: ___/___/___

Mark Location of Lesion(s) _____

Diagnosis _____

Communicable ____ Non-Contagious

Location of Lesion(s) _____



Date Treatment Started: ___ / ___ /

Medication(s) used to treat lesion(s): _____

Earliest Date may return to participation: ____ / ____ / ____

Physician Name (Printed or Typed) _____

Provider Signature _____ Office Phone #: _____

Office Address _____

Note to Providers: *Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc) Please familiarize yourself with NFHS rule below. NFHS Rule 4-2-3 states:*

"If a participant is suspected by the referee of having a communicable skin disease or any other condition that makes participation appear inadvisable, his coach shall provide current written documentation from a physician stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to his opponent. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate. This document shall be furnished at the weigh-in or upon arrival at the site of the dual meet or tournament. Note: If an on-site tournament physician is present, he/she may overrule the diagnosis of the physician signing this form.

Below are some treatment guidelines that suggest minimum treatment before return to wrestling:

Bacterial diseases (impetigo, boils): Oral antibiotic for two days and no drainage, oozing, or moist lesions.

Herpetic lesions (Simplex fever blisters, Zoster, Gladiatorum): Minimum of 120 hours or a full five days of oral anti-viral treatment with no new lesions and all lesions scabbed over. If no oral treatment has been given, no visible lesions may be pressent.

Tinea lesions (ringworm scalp, skin): Oral or topical treatment for seven days on skin and 14 days on scalp.

Scabies, Head Lice: 24 hours after appropriate topical management

Conjunctivitis: 24 hours of topical or oral medication and no discharge

Molluscum Contagiosum: 24 hours after curretage

More on Recognition, Management and Prevention of Skin Conditions

While the information contained in this document applies to all sports, the primary emphasis is on wrestling due to the degree of exposure and close personal contact of athletes. Sports and individual athletes who are at a particularly high risk of spreading communicable skin disorders include those with:

- Extensive skin to skin contact
- Close quarters with other teammates
- Areas of body that are exposed to high friction
- Occlusive clothing or equipment
- Activities performed in a warm, moist environment
- Poor hygiene practices

Recognition of Skin Conditions

Unlike many disorders, skin disease pathology is readily visible to the examiner. However, they are often difficult to accurately identify because:

1. There are literally hundreds of cutaneous diseases.
2. A single entity can dramatically vary in its appearance.
3. Skin lesions are dynamic and change in morphology through the course of the disease process.

To assist coaches, athletic trainers and administrators in early recognition of skin conditions, Table 1 provides essential information on common bacterial, fungal, viral and parasitic infections. The method of transmission, common appearance of the lesions, recommended treatment, and criteria for return to competition are highlighted. In order to understand the terminology presented in Table 1, a review of basic dermatologic terms is provided:

Shape and Size of Lesions

- **Macule** — a small discolored patch or spot on the skin, neither elevated nor depressed.
- **Papule** — a small, circumscribed, solid elevation on the skin smaller than a pea
- **Plaque** — a raised but flat plateau-like lesion
- **Nodule** — a solid elevation on the skin larger than a pea but smaller than one inch
- **Vesicle** — a small, circumscribed elevation of the skin containing fluid
- **Bulla** — a larger, circumscribed elevation of the skin containing fluid
- **Pustule** — a pus-filled vesicle
- **Furuncle/boil** — a larger, pus-filled lesion

Group Configuration of Lesions

- **Cluster or Grouped**
- **Annular** — arranged in circles or arcs

- **Linear** — arranged in a line or string
- **Band** — follows dermatomes
- **Irregular** — no distinct pattern
- **Follicular** — occurring in association with hair follicles

Color of Lesions

- **Erythemetic** — reddish or pink
- **Melanotic** — blackish or brown pigment
- **Depigmented** — loss of color of surrounding tissue
- **Jaundiced** — yellow

Management

Guidelines on treatment and return-to-play criteria are a topic of considerable debate. Hence, the information in Table 1 is based on the majority consensus in the literature. However, it must be stressed ***that this information is only a guideline, and each lesion should be treated individually and be referred to a physician for accurate diagnosis and treatment.***

Clearance Forms

In an attempt to prevent unnecessary exposure of athletes and to standardize return-to-play criteria, the National Federation of State High School Associations has developed a physician clearance form that must be signed prior to return to activity, indicating an athlete has been appropriately evaluated and cleared for competition (see NFHS form, page 46). Individual states are encouraged to adopt this, or a similar form for their member institutions.

Skin Checks

Skin checks should be performed by the athletic trainer or coach during weigh-ins of wrestling matches. If a suspect lesion is found, the athlete's coach is responsible for providing the necessary documentation from a physician to the referee. If the documentation is not provided, the wrestler must be disqualified. To avoid the unnecessary disqualification of an athlete for having a non-communicable disorder, athletic trainers or coaches should perform regular skin checks as a normal part of the weekly regimen in their program, and obtain proper documentation prior to the competition. Moreover, frequent checks would ensure that any questionable lesions, communicable or not, are discovered early to allow timely treatment and optimal containment.

Prevention

Some general guidelines for prevention include:

- Educate the athletes as to what the infections are and how they are caught, spread and treated.
- Clean mats on floor and walls daily with appropriate cleaner.
- Maintain proper ventilation in the wrestling room to prevent build-up of heat and humidity.
- Wash and dry all workout gear, including towels, daily.
- Do not allow athletes to share workout gear or towels.
- Clean shoes and headgear with disinfectant spray after every practice.

- Shower with antibacterial soap (preferably liquid to prevent sharing bars) after every workout.
- Keep fingernails trimmed to prevent cuts and abrasions to other athletes.
- Keep all cuts and abrasions covered and treat with antibiotic ointment daily to aid in rapid healing.
- Avoid rapid weight loss, which has been shown to decrease immune response.
- Maintain proper nutrition and hydration.
- Perform weekly skin checks and refer any questionable lesions to a physician.

Basic knowledge of skin lesions coupled with common sense and proactive preventative measures, can significantly decrease the number of skin lesions seen in high school athletics. However, even with the most hygenic practices, skin disorders may still occur. It is very important to recognize these lesions immediately and refer them to an appropriate physician for diagnosis and treatment.

For more detailed information and a complete list of references, please see:

Zinder, S.M. and Shultz S.J. Skin Disorders. National Federation of State High School AssociationResource Document. http://www.nfhs.org

Table 1. Recognition and Management of Common Skin Disorders

Lesion	Type	Transmission	Appearance	Treatment	Return to play
Impetigo	Bacterial	Highly contagious. Contracted through skin to skin contact with infected clothing or surfaces (mats, etc.)	Originates as a small vesicle or pustule that ruptures to expose a red, moist base. A honey yellow, firmly adherent crust accumulates as the lesion extends radially. There is little surrounding erythema.	Oral Antibiotic for 2 days. Topical antibiotic ointment such as 2% mupirocin (Bactroban) applied three times a day until lesions have cleared. Washing affected area with an antibacterial soap will aid in removing the crusts, which may block the penetration of antibacterial creams.	General consensus is 48 to 72 hours after onset of antibiotic treatment with no active lesions. All lesions must be dry with no drainage or oozing.
Cellulitis	Bacterial	Usually contracted through an opening in the skin, such as an abrasion or insect bite. Not considered communicable.	General erythema, warmth, edema, and pain. May be accompanied by a low-grade fever.	Must be referred to a physician for oral antibiotics.	
Erisypelas	Bacterial	Same as cellulitis.	Same as cellulitis, but since there is lymphatic involvement, red streaks emanating from the primary lesion may be present.	Must be referred to a physician for oral antibiotics.	
Folliculitis	Bacterial	Usually not considered highly communicable unless secondary infection has set in.	One pustule or a group of pustules may appear usually without fever or other systemic symptoms and can arise on any body surface. If infection is deeper, the pustule may be surrounded by a red, swollen area of skin.	Very manageable with oral antibiotics. Antibiotic therapy should continue until lesions are gone.	Minimal restrictions. Area should be protected from further insult, and rupture of the pustules.

Table 1. Recognition and Management of Common Skin Disorders

Lesion	Type	Transmission	Appearance	Treatment	Return to play
Furuncles and Carbuncles	Bacterial	Purulent fluid from within the lesion can be highly communicable.	Begins as a deep, tender, firm, red papule that enlarges rapidly into a tender, deep-seated nodule that remains stable and then becomes fluctuant. The temperature is the same as the surrounding tissue and there are no systemic symptoms.	Frequent application of a moist, warm compress. Oral antibiotics will help control the spread of the infection. The physician may choose to incise and drain the lesion if indicated.	Must be on oral antibiotics for 48 to 72 hours. The lesion must be dry with no drainage, oozing, or potential for drainage.
Tinea corporis Ringworm of the body and face	Fungal	Skin to skin contact. Not considered highly communicable or serious.	Round, annular lesions that begin as flat, scaly spots that then develop a raised border that extends out at variable rates in all directions. The advancing scaly border may have red raised papules or vesicles. The central area becomes brown or hypopygmented and less scaly as the active border progresses outward.	Oral or topical treatment for 7 days. Respond very well to over the counter topical anti-fungal creams. If lesions persist, prescription strength creams or oral therapy may be indicated.	72 hours or more of of antifungal therapy, with no active lesions.
Tinea pedis or "athlete's foot"	Fungal	Skin to skin contact. Not considered highly communicable or serious.	Classic ringworm pattern, but most infections are found in the toe webs or on the soles. Skin can appear red, scaly and cracking, and is often itchy.	Same therapy as tinea corporis.	Same as for tinea corporis.
Tinea capitis or tinea of the scalp	Fungal	Skin to skin contact. Not considered highly communicable or serious.	Most commonly occurs in prepubertal children. Lesions are scaly, grayish patches in which the hair becomes dull, broken and thin. The affected area can include either small ringed patches or much of the scalp.	Must be referred to a physician for oral medication is necessary. Griseofulvin has been shown to be the most effective medication. Oral or topical treatment for 14 days.	Lesions may be active for as much as two to three weeks while on the medication. Non-active, dry lesions while on medication is the best determinant.
Verruca vulgaris or common warts	Viral	Not terribly communicable and extremely benign.	Begin as smooth, flesh-colored papules and evolve into dome-shaped gray-brown hyperkeratotic growths with black dots on the surface. May be found on any skin surface, but hands are most common.	Over the counter topical salicylic acid preparations are relatively successful.	No restrictions.

Table 1. Recognition and Management of Common Skin Disorders

Lesion	Type	Transmission	Appearance	Treatment	Return to play
Molluscum contagiosum	Viral	Can be highly contagious. Skin to skin contact.	Discrete, 2-5 mm, slightly umbilicated, flesh-colored dome-shaped papules. Most common in the face trunk, axillae, and extremities. Lesions are frequently grouped. It is not uncommon to see erythema and scaling at the periphery of the lesions.	Must be referred to a physician for curretage.	No wet, active lesions. Allow at least 24 hours after curretage.
Herpes gladiatorum	Viral	Highly contagious. May be spread by respiratory droplets, by direct contact with an active lesion, or by virus-containing fluid such as saliva.	Grouped vesicles on an erythematous base appear and subsequently errode. Vesicles are uniform in size.	Minimum of 120 hours or a full five days of oral antiviral treatment with no new lesions and all lesions scabbed over. If no oral treatment has been given, no visible lesions may be present	No new lesions in 48 hours and all lesions scabbed over.
Herpes zoster or Varicella	Viral	Highly contagious. Transmission is by airborne droplets or contact with the vesicular fluid.	Starts as a 2-4 mm red papule, which develops an irregular outline as a thin-walled clear vesicle appears on the surface. The vesicle breaks to form a crust as the red base disappears.	No oral treatment is required.	No new lesions in 48 hours and all lesions must be scabbed over.
Scabies	Parasitic	Highly contagious with direct skin contact.	Caused by infestation of the itch mite. Burrows that are pink-white, slightly elevated and 2-15 mm long are visible. A discrete vesicle or the which may look like a black dot at one end of the burrow, often may be seen.	Treatment consists of application of prescription permethrin or lindane cream. Careful attention must be placed on laundering clothing and bed linens daily during treatment.	24 hours after successful treatment. Sometimes it is advisable to wait until after the second treatment one week later.
Pediculosis	Parasitic	Highly contagious and transmitted by close personal contact and contact with objects such as combs, hats, clothing and bed linen.	Caused by infestation of lice. Most common symptom is severe itching in a localized area without an apparent rash. Lice and nits, louse eggs, can be seen on close examination.	Treatment is the same as for scabies.	24 hours after treatment.

COMMUNICABLE DISEASE PROCEDURES

While risk of one athlete infecting another with HIV/AIDS during competition is close to nonexistent, there is a remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

1. The bleeding must be stopped, the open wound covered and if there is an excessive amount of blood on the uniform it must be changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices should be available for use.
7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.
8. Contaminated towels should be properly disposed of/disinfected.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouthguards and other articles containing body fluids.

Additional information is available from your state high school ssociation and from the NFHS.

Revised April 1999

Mission Statement

The mission of the National Federation of State High School Associations is to serve its members and its related professional groups by providing leadership and national coordination for the administration of interscholastic activities which will enhance the educational experiences of high school students and reduce risks of their participation. The NFHS will promote participation and sportsmanship to develop good citizens through interscholastic activities which provide equitable opportunities, positive recognition and learning experiences to students while maximizing the achievement of educational goals.

NOTE: The team bench in dual meets should be at least 10 feet from the wrestling mat and 10 feet from the scorer's table. These diagrams are a suggested configuration.

SECTION 2 TEAM BENCHES

ART. 1 . . . For dual meets, all team personnel, including coaches, other than actual participating contestants shall be restricted to an area which is at least 10 feet from the edge of the mat and the scorer's table, where facilities permit.

ART. 2 . . . During tournament competition, a maximum of two team personnel (coaches and/or non-participating contestants) will be permitted on chairs at the edge of the mat. It is permissible to allow coaches on the corner of the mat in a restricted zone. The restricted zone should be approximately 6 feet from the corner of the mat but never closer than 5 feet to the wrestling area. Coaches shall be seated at least 10 feet from the scorer's table, where facilities permit.

SECTION 3 SCORER'S TABLE

ART. 1 . . . A scorer's table shall be placed at least 10 feet from the edge of the mat and from the team bench areas, where facilities will permit. It will be large enough to accommodate the official timekeeper, head scorer and visiting team scorer. When an electric scoreboard is not used, some means of visual scorekeeping shall be provided by the home management.

SECTION 4 SCALES

ART. 1 . . . Scales for weighing in contestants of both teams shall be provided by the home management.

ART. 2 . . . The accuracy of these scales shall be certified annually, in accordance with guidelines established by the state association.

The NFHS does not perform scientific tests on any specific items of equipment to determine if the equipment poses undue risks to student-athletes, coaches, officials or spectators. Such determinations are the responsibility of equipment manufacturers.

Rule 3 *Officials and Their Duties*

SECTION 1 REFEREE

ART. 1 . . . The referee's uniform consists of a short-sleeved knit shirt, with alternating black and white 1-inch stripes, full-length black trousers, black belt (if worn), black socks and black gym shoes without colored highlights. The referee shall be neatly attired and have other accessories, including a colored disk, a whistle, red and green armbands, and a kit to conduct the random draw. The red armband shall be worn on the left wrist and the green armband on the right wrist.

ART. 2 . . . On matters of judgment, the referee shall have full control of the match and his decisions shall be final, based upon the NFHS wrestling rules and interpretations.

ART. 3 . . . The jurisdiction time of the referee will begin upon arrival at the site and will conclude with the approval of the scorebook in dual meets and when the referee signs the bout sheet after the last match of a tournament.

ART. 4 . . . Before the dual meet begins, the referee shall:

a. visit each team dressing room to inspect contestants for presence of oils or greasy substances on the body or uniform, rosin, objectionable pads, improper clothing, all jewelry, long fingernails, improper grooming, skin condition, health and safety measures;
b. clarify the rules with coaches and contestants upon request;
c. have the head coach verify that the team is groomed, properly equipped and ready to wrestle. This includes securing shoelaces;
d. review with the scorers and timekeeper signals and procedures to be used; and
e. meet with coaches and captains and explain to them that they are to make certain everyone exhibits good sportsmanship throughout the contest.

ART. 5 . . . The legality of all equipment, including mats, markings, uniforms and special equipment, pads and taping, shall be decided by the referee. A referee's time-out shall be declared for the purpose of correcting legal equipment which becomes illegal or inoperative through use.

ART. 6 . . . Only authorized signals shall be used by the referee when signaling and verbally notifying the contestants and scorer when warning or awarding points to either wrestler. The thumb is not to be used when signalling point(s), only fingers.

ART. 7 . . . When possible the referee should award points on the edge of the mat calls before blowing the whistle for out-of-bounds.

ART. 8 . . . The referee shall be firm in enforcing the letter and spirit of the rules, consistently penalizing infractions. The referee must enforce penalties for infractions explained in Rule 7 and Rule 8 without hesitation. The referee shall not use TV monitoring, replay or other video equipment in making decisions related to the match.

ART. 9 . . . When penalizing either wrestler, the referee shall stop the match and announce the penalty in the prescribed manner so that coaches, contestants, scorers and spectators are aware of the penalty, except as noted in Rule 8-1-2.

ART. 10 . . . The referee shall stop potentially dangerous holds, if possible, before they reach the dangerous state.

ART. 11 . . . Following the end of a dual meet or tournament match, the referee shall sign the official scorebook or individual score sheet certifying results.

ART. 12 . . . The referee shall meet promptly and in the spirit of good sportsmanship any situation developing unexpectedly.

ART. 13 . . . During injury or blood time-outs, the referee should be at the scor-

Rule 4 Wrestlers' Classification and Weigh-In

SECTION 1 WRESTLERS' UNIFORM

ART. 1 . . . Wrestlers shall wear:

a. a sleeveless shirt fastened at the crotch and cut no lower in the back or front than the level of the armpits and under the arms no lower than one-half the distance between the armpit and the belt line; an undershirt of a single, solid color unadorned with no more than one manufacturer's logo/trademark may be worn under the sleeveless shirt, if sufficient reason is determined by the referee;

b. either full-length tights with stirrups and close fitting outside short trunks or a properly cut one-piece uniform with a minimum 4-inch inseam and a maximum length of above the knee;

c. a singlet with the top cut as outlined in (a) with full-length tights and stirrups. If no tights are worn, a suitable undergarment shall be worn. The uniform shall be a school issued uniform. (See photo 1)

While full-length tights are acceptable under a one-piece uniform, Bermuda-length tights and other accessories that extend beyond the inseam of a one-piece uniform are not permitted.

ART. 2 . . . Any manufacturer's logo/trademark that appears on the wrestling uniform can be no more than 2¼ square inches with no dimension more than 2¼ inches and may appear no more than once on each item of uniform apparel. An American flag, not to exceed 2 by 3 inches, and either a commemorative or memorial patch, not to exceed 4 square inches and with written state association approval, may be worn.

ART. 3 . . . Wrestlers shall wear light heelless wrestling shoes, reaching above the ankles. If the laces are visible, they shall be secured in an acceptable fashion.

ART. 4 . . . Wrestlers shall wear wrestling ear guards, which provide:

a. adequate ear protection;

b. no injury hazard to the opponent; and,

c. an adjustable locking device to prevent it from coming off or turning on the wrestler's head.

SECTION 2 WRESTLERS' APPEARANCE AND HEALTH

ART. 1 . . . During competition all wrestlers shall be clean shaven, with sideburns trimmed no lower than earlobe level and hair trimmed and well groomed. The hair, in its natural state, shall not extend below the top of an ordinary shirt collar in the back and on the sides, the hair shall not extend below earlobe level. A neatly trimmed mustache that does not extend below the line of the lower lip

shall be permissible. If an individual has hair longer than allowed by rule, it may be braided or rolled if it is contained in a cover so that the hair rule is satisfied. (See photo 3) The cover shall either be a part of the ear guards or worn under the ear guards. A bandanna is not considered a legal hair cover. The cover must be of a solid material and be nonabrasive.

If an individual has facial hair it must be covered with a face mask. All hair covers and face masks will be considered as special equipment. If an individual's hair is as abrasive as an unshaved face, the individual shall be required to shave the head as smooth as a face is required, or wear a legal hair cover.

ART. 2 . . . Each contestant shall comply with standard health, sanitary and safety measures (See Rule 3-1-4). Because of the body contact involved, these standards shall constitute the sole reasons for disqualification. Application of this rule shall not be arbitrary or capricious.

ART. 3 . . . If a participant is suspected by the referee or coach of having a communicable skin disease or any other condition that makes participation appear inadvisable, his coach shall provide current written documentation from a physician stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to his opponent. This document shall be furnished at the weigh-in or prior to competition in the dual meet or tournament. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate.

ART. 4 . . . If an on-site meet physician is present, he/she may overrule the diagnosis of the physician signing the physician's release form for a wrestler to participate with a particular skin condition.

SECTION 3 SPECIAL EQUIPMENT

ART. 1 . . . Special equipment is defined as any equipment worn that is not required by rule. Any equipment which does not permit normal movement of the joints and which prevents one's opponent from applying normal holds shall not be permitted. Any equipment which is hard and/or abrasive must be covered and padded. Electronic communication equipment that permits communication between coach and contestant during competition is not permitted. Special equipment includes, but is not limited to, hair coverings, face masks, braces and support.

ART. 2 . . . Each state association may authorize the use of artificial limbs, which in its opinion are no more dangerous to competitors than the corresponding human limb and do not place an opponent at a disadvantage.

ART. 3 . . . Loose pads are prohibited.

ART. 4 . . . Taping or strapping which substantially restricts the normal movement of a joint shall be prohibited The taping of fingers and thumb is not a violation.

ART. 5 . . . To help identify contestants, red and green leg bands may be worn on either or both legs.

SECTION 4 WEIGHT CLASSIFICATIONS

ART. 1 . . . Competition shall be in the following weight classes:

103 lbs.	112 lbs.	119 lbs.	125 lbs.	130 lbs.
135 lbs.	140 lbs.	145 lbs.	152 lbs.	160 lbs.
171 lbs.	189 lbs.	215 lbs.	275 lbs.	

ART. 2 . . . A contestant shall not wrestle more than one weight class above that class for which his actual weight, at the time of weigh-in, qualifies him.

ART. 3 . . . At anytime the use of sweat boxes; hot showers; whirlpools; rubber, vinyl and plastic type suits; or similar artificial heating devices; diuretics; or other methods for quick weight reduction purposes is prohibited and shall disqualify an individual from competition.

ART. 4 . . . A 2-pound growth allowance may be added to each weight class any time after the date of certification.

SECTION 5 WEIGHING IN

ART. 1 . . . Contestants of the same gender shall have the opportunity to weigh in, shoulder-to-shoulder, a maximum of 1 hour before the time a dual meet, or a team's first competition in a multiple dual-meet event is scheduled to begin. When a preliminary meet is followed by a varsity meet weigh-ins may, by mutual consent, precede the preliminary meet.

ART. 2 . . . Contestants of the same gender shall have the opportunity to weigh in shoulder-to-shoulder at the tournament site a maximum of two hours before the first session of each day.

ART. 3 . . . For any event, all contestants shall be present in and remain in the designated weigh-in area at the time established by the meet administration. Contestants shall not leave the designated weigh-in area unless permission is granted by the meet administration. The weigh-in shall proceed through the weight classes beginning with the lowest weight class and end immediately upon the completion of the highest weight class. A contestant shall weigh in for only one weight class during the weigh-in period. If only one scale is available, a contestant may step on and off that scale two times to allow for mechanical inconsistencies in the scale. If multiple scales are available, a contestant may step on and off the first scale two times to allow for mechanical inconsistencies in that scale. If the contestant fails to make weight on the first scale, the contestant shall immediately step on each available scale one time in an attempt to make weight. During time off the scale(s), activities that promote dehydration are prohibited.

ART. 4 . . . The referee, or other authorized person of the same gender, shall supervise the weigh-ins.

ART. 5 . . . When there are consecutive days of team competition, there shall be a 1-pound additional allowance granted each day for all wrestlers. In order to be granted this 1-pound additional allowance, a minimum of 48 hours advance notice is required for the opponent(s).

ART. 6 . . . A contestant representing a school in a tournament shall be named by weight class prior to the conclusion of the weigh-in.

ART. 7 . . . All contestants shall weigh in wearing no more than a suitable undergarment. Any contestant who has been authorized to wear an artificial limb, shall weigh in with the artificial limb.

ART. 8. . . Any contestant failing to make weight during the weigh-in period shall be ineligible for that weight class.

The NFHS does not perform scientific tests on any specific items of equipment to determine if the equipment poses undue risks to student-athletes, coaches, officials or spectators. Such determinations are the responsibility of equipment manufacturers.

Rule 5 Definitions

SECTION 1 POSITIONS

ART. 1 . . . A neutral position is one in which neither wrestler has control.

ART. 2 . . . Contestants are considered to be inbounds if the supporting parts of either wrestler are inside the boundary lines. A wrestler's supporting points are the parts of the body touching, or within, the wrestling area which bear the wrestler's weight, other than those parts with which the wrestler is holding the opponent. When down on the mat, the usual points of support are the knees, the side of the thigh and the buttocks. Wrestling shall continue as long as the supporting parts of either wrestler remain inbounds. (See photo 4) When the defensive wrestler is on his back while the supporting parts of either wrestler are inbounds, wrestling shall continue as long as there is a possibility of the offensive wrestler bringing his opponent back into the inbounds area. In this situation any part of the defensive wrestler's shoulders or scapulae are his supporting parts. Near-fall points or a fall shall be earned only while any part of both defensive man's shoulders or both scapulae are inbounds.

ART. 3 . . . The position of advantage is a situation in which a contestant is in control and maintaining restraining power over his opponent. Control is the determining factor. The failure of the offensive wrestler to get his head out from the defensive wrestler's arm does not necessarily prevent the offensive wrestler from having control. A wrestler may have control, even when his opponent has